River Breeze Condominium Association, Inc.

OWNER INFORMATION FORM

Please take a moment to fill in the questionnaire below, where applicable, so we may accurately update our files. Return the completed form to Maggie Alcala: malcala@theselectgroup.us

Owner Name(s): _____

_____

Property Address: _____

Mailing Address: _____

Phone Number(s): (H)_____ (W)_____ (C)_____

(H)_____ (W)_____ (C)_____

Primary Email Address: _____

Secondary Email Address: _____

Emergency Contact: _____ Relationship:_____

Phone Number(s): _____

INFORMATION FOR LEASED UNITS:

If you are leasing your unit, the Rules and Regulations of the Association require the unit owner to provide a copy of the lease to the Association.

Property Management Company: _____

Property Manager Name: _____

Address: _____

Email Address: _____

Phone Number(s): (O)_____ (D)_____(C)_____